

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000718

Entity Name: LGS INNOVATIONS LLC

FILED
Feb 23, 2010
Secretary of State

Current Principal Place of Business:

8000 TOWERS CRESCENT ROAD, 4TH FLOOR
VIENNA, VA 22182

New Principal Place of Business:

13665 DULLES TECHNOLOGY DRIVE
SUITE 301
HERNDON, VA 201714639

Current Mailing Address:

800 NORTH POINT PKWY
ATTN: BUSINESS LICENSE DEPT
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 03-0602415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BUCHANAN, H. LEE
Address: 13665 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: MGR
Name: MINIHAN, KENNETH A
Address: 13665 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: MGR
Name: PERRY, WILLIAM J
Address: 13665 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: MGR
Name: WOOLSEY, R. JAMES
Address: 13665 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: MGR
Name: GARSON, MICHAEL
Address: 13665 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: MGR
Name: IVERSON, RONALD W
Address: 13665 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL GARSON

SEC

02/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date